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<b>SERIAL NUMBER</b> 10/566,882	<b>FILING OR 371(c) DATE</b> 02/01/2006 <b>RULE</b>	<b>CLASS</b> 351	<b>GROUP ART UNIT</b> 2873	<b>ATTORNEY DOCKET NO.</b> 08641-035US1 21005US ESS	
<b>APPLICANTS</b> Berangere Donetti, Champigny Sur Marne, FRANCE; Cecile Petignaud, Villejuif, FRANCE; Martha Hernandez, Charenton Le Pont, FRANCE;					
<b>** CONTINUING DATA *****</b> This application is a 371 of PCT/FR04/02008 07/27/2004 <i>ef</i>					
<b>** FOREIGN APPLICATIONS *****</b> FRANCE 03/09787 08/08/2003 <i>ef</i>					
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 06/14/2006</b>					
Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged <i>ef</i> Examiner's Signature Initials		<b>STATE OR COUNTRY</b> FRANCE	<b>SHEETS DRAWING</b> 13	<b>TOTAL CLAIMS</b> 9	<b>INDEPENDENT CLAIMS</b> 3
<b>ADDRESS</b> 26161					
<b>TITLE</b> Method for determination of an opthalmic lens using an astigmatism prescription for far sight and for near sight					
<b>FILING FEE RECEIVED</b> 1030	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		